



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
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THIS SPACE FOR OFFICE USE ONLY

STATE OF HAWAII  
STATE ETHICS COMMISSION

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## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

### PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
Kobayashi	Joy	K.	524-4155
MAILING ADDRESS (Street)			FAX
1000 Bishop St., #902			524-0573
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
BT Consulting, Inc. dba Advocates			same as above
MAILING ADDRESS (Street)			FAX
same as above			
(City)	(State)	(Zip Code)	

### PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
Maunalua Bay Beach Ohana	396-6662	
MAILING ADDRESS (Street)	FAX	
267 Portlock Road		
(City)	(State)	(Zip Code)
Honolulu	HI	96825
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Keanuinui Rochlen	396-6662	
MAILING ADDRESS (Street)	FAX	
Same as above		
(City)	(State)	(Zip Code)

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Agriculture                              | <input type="checkbox"/> Education                       | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities        | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs                | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation     | <input type="checkbox"/> Health                          | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (Indicate below)                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                         | <input type="checkbox"/> Public Safety & Corrections                        | _____   |
|   |  |   | _____   |

**PART IV CERTIFICATION OF LOBBYIST**

*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*



(Signature of Lobbyist)

1/25/06

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
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Keanuinui Rochlen

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Maunalua Bay Beach Ohana

396-6662

MAILING ADDRESS (Street)

FAX

267 Portlock Road

(City)

(State)

(Zip Code)

Honolulu

HI

96825

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*



(Signature of Authorizing Officer or Person Represented)

1/27/06

(Date)